

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE)	FOR COURT USE ONLY
ATTORNEY FOR: (NAME)	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CALAVERAS COURT LOCATION: GOVERNMENT CENTER MAILING ADDRESS: 891 MOUNTAIN RANCH ROAD CITY & ZIP CODE: SAN ANDREAS, 95249	
PETITIONER/PLAINTIFF:	CASE NO.:
RESPONDENT/DEFENDANT:	
DECLARATION RE: APPLICATION FOR ORDER ON PAYMENT OF FEES / COSTS	

I, the undersigned, hereby declare under penalty of perjury as follows:

- I am appointed counsel for ☐ defendant ☐ respondent ☐ appellant ☐ minor ☐ other _____
- Payment of fees, expenses or costs is requested pursuant to:
 - ☐ Penal Code § 987.2 (Criminal proceedings, criminal appeals, or contempt);
 - ☐ Probate Code §§ 1470 & 5111 (Guardianships or conservatorships);
 - ☐ Welfare & Inst. § 634 (Wardships);
 - ☐ Family Code § 3150 (Family law minor's counsel); or
 - ☐ Welfare & Inst. § 336(e) (Dependency proceedings).
- This request is for:
 - ☐ Payment of attorneys fees in the amount of \$ _____ covering the period of _____ to _____ (minute order appointing counsel and attorney billing attached.)
 - ☐ Reimbursement / ☐ Direct payment for **initial** ☐ investigator / ☐ expert expenses pursuant to order dated: _____ (order approving fees and investigator's / expert's billing to attorney attached.)

Amount of Order	\$ _____
Amount of billing	\$ _____
 - ☐ Reimbursement / ☐ Direct payment for **subsequent** ☐ investigator / ☐ expert expenses pursuant to order dated _____ (investigator's / expert's billing to attorney attached.):

Amount of Order	\$ _____
Amount previously billed	\$ _____
Amount due this billing	\$ _____
- The claim is reasonable and necessary for my preparation and representation in this matter and contains no duplication of expenses included in prior applications for payment. Any claims for reimbursement have been paid in full by me. I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Date: _____

Signature of Court Appointed Attorney

ORDER

The request for payment is ☐ denied ☐ approved in full ☐ approved for \$ _____.

Date: _____

Superior Court Judge

DECLARATION RE: APPLICATION FOR ORDER ON PAYMENT OF FEES / COSTS